

Electronic Patent Application Fee Transmittal**Application Number:**

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Filing Date:

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Title of Invention:

OSTOMY/FISTULA BAG

First Named Inventor/Applicant Name:

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Attorney Docket Number:

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Utility Appl issue fee

2501

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755

755

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300

300

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
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Total in USD (\$)				1055